

Health Department, City of Baltimore.

Permit No. 1390 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Edward Perrine

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, 11 Months, _____ Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 11 months

Place of Death, { Give Street and Number. } 1602 Latrobe St

Cause of Death, { First (Primary), Neuritis
Second (Immediate), Eclampsia }

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 18th Edmund C. Gibbs M. D.

{ Undertaker, H. C. Windecker Medical Attendant.

{ Place of Business, 916 Greenmount Ave address, 431 E. Lawrence St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 1391

Office of Registrar of Vital Statistics.

Ward

20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 17th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

May Shaw Franklin.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

2

Days.

Color,

White.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

✓

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

1364 Fremont.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1364 Fremont North

Cause of Death,

{ First (Primary),
Second (Immediate), }

Premature birth. 7 months child.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul Cemetery

Date of Burial,

July 18th

Undertaker,

H. Franklin

Amos F. Hill

M. D.

Medical Attendant.

Place of Business,

17 N. Calum St.

Address, 17 N. Calum St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. 1392

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, July 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of Mary & William Griffin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 1 Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1334 Whatcoat St

Cause of Death, { First (Primary), Second (Immediate), } Hemorrhage of brain

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18/87

Undertaker, A. Hemmick

Place of Business, 651 Broadway St Address, —

James H. Stans M. D.

Amper N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

W. H. Roberts Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 1393

Office of Registrar of Vital Statistics.

Ward

8
11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 16th/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 0 Years, 7 Months, 0 Days.

Color, Dark brown

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore, 7 months

Place of Death, { Give Street and Number. } 932 No 58 (old No) Foster Alley

Cause of Death, { First (Primary), Second (Immediate), } Hot Weather Cholera Infantum

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 18th/87

{ Undertaker, Alex Hensley } Benj H Bohm M. D.

{ Place of Business, 56/11th St } Address, cor Mulberry + Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

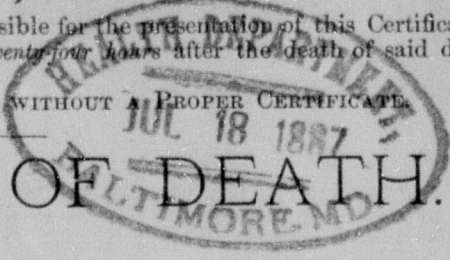
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to give prompt attention to this form.

Health Department, City of Baltimore.

Permit No. **A 1397** Office of Registrar of Vital Statistics. Ward **19ⁿ**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ **four** hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, **July - 16th**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Elena Bishop**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **4** Years, **4** Months, **0** Days.

Color, **Black**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **B. C.**

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } **27. Bence St (old no)**

Cause of Death, { First (Primary), Second (Immediate), } **cholera Inf.**

Duration of Last Sickness, **one week**

All the above information should be furnished by the Physician.

Place of Burial, **Sharp St Ceme**

Date of Burial, **July 18th 1887** **Amman F. Weil M. D.**

Undertaker, **W. H. Dungee** Medical Attendant.

Place of Business, **150 East St** Address, **17 N. Calver St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1398 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 16. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, Days

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1402 Cairns St

Cause of Death, { First (Primary), Second (Immediate), } Enterocolitis
Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, July 18th 1887

Undertaker, W. H. Dungee J. M. Hundley M. D. Medical Attendant.

Place of Business, 150 East St Address, 1002 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. A 1396 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 3 30 P.M.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlotte Welsh
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, _____ Years, 2 Months, _____ Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single ✓

Occupation, Nothing

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and Number. } 609 Second St

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), Exhaustion. }

Duration of Last Sickness, 2 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18th 1887

Undertaker, J. B. Saunders M. D.

Place of Business, 50 East St Address, City Hosp Disp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A-1397** Office of Registrar of Vital Statistics. Ward **7th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, **July 16th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mrs. Elise Krebs**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **45** Years, Months, Days.

Color, **White**

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **Housekeeper**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Germany (10 yrs)**

Duration of Residence in the City of Baltimore, **10 yrs**

Place of Death, { Give Street and Number. } **St. Joseph's Hospital**

Cause of Death, { First (Primary), Second (Immediate), } **Consumption**
Exhaustion

Duration of Last Sickness, **2 yrs**

All the above information should be furnished by the Physician.

Place of Burial, **St. Alphonsus**

Date of Burial, **July 18**

Undertaker, **S. F. Kraus**

Place of Business, **Hanover st**

Address, **624 N. Calvert St**

Oscar J. Locking M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

1398

Office of Registrar of Vital Statistics.

Ward

8

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Calhoun H Munder

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

9.5

Years,

Months,

Days.

Color,

W

~~Married~~, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

71 years

Place of Death,

{ Give Street and Number.

1035 St Paul st

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Senility

Congestion of Brain

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

July 18th 87

{ Undertaker,

Henry J. Smith

H. W. Webster

M. D.

{ Place of Business,

South Street

Address,

106 Banne

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1399

Office of Registrar of Vital Statistics.

Ward

9

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CERTIFICATE OF DEATH.

Date of Death,

July 17th - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Hezekiah

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 35 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

15 years

Place of Death, { Give Street and Number. }

207 N. Frederick St.

Cause of Death, { First (Primary), Second (Immediate), }

Insolation

Apoplexy

1 hr

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 18th / 87

{ Undertaker,

Timothy Atson

{ Place of Business,

N. Bay St.

Address,

D. Heatt

M. D.

Medical Attendant.

403 E. Eder St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]